

CITY OF MILLEDGEVILLE  
PO Box 1900  
Milledgeville, GA 31061  
478 414-4010

## RELEASE OF AUTOMATIC BANK DRAFT

This shall document that I wish to cancel the automatic draft in place for the City of Milledgeville Water Account # \_\_\_\_\_ located at \_\_\_\_\_, Milledgeville, GA 31061.

EFFECTIVE DATE: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Proof of Identification: \_\_\_\_\_  
Positive ID Required

Printed Name of Customer: \_\_\_\_\_

Signature \_\_\_\_\_

\*If you are not the person named above but have Power of Attorney or some other type of documentation authorizing you to cancel this draft, please present along with cancellation.